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SEC 1972 (6/99) Potential persons who are to respond contained in this form are not required to display a currently valid OMB contr.



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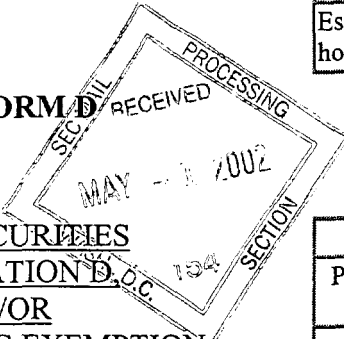
ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden hours per response... 1

FORM D



NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

PROCESSED  
MAY 15 2002

THOMSON FINANCIAL

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE

Type of Filing: ☒ New Filing ☐ Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)  
Milkhaus Laboratory, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code) RD1 Larry Hill Road, P.O. Box 127, Delanson, NY 12053

Telephone Number (Including Area Code) (518) 872-1144

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Address of Principal Business Operations (Number and Street, City, State, Zip Code)  
Telephone Number (Including Area Code)  
(if different from Executive Offices)

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Brief Description of Business Milkhaus Laboratory, Inc. is a clinical-stage biopharmaceutical company that discovers and develops therapeutic agents to treat a wide range of diseases.

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Type of Business Organization

☒ corporation ☐ limited partnership, already formed ☐ other (please specify):  
☐ business trust ☐ limited partnership, to be formed

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Month Year

Actual or Estimated Date of Incorporation or Organization: [0][8] [9][3] ☒ Actual ☐ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  
CN for Canada; FN for other foreign jurisdiction) [D] [E]

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**GENERAL INSTRUCTIONS**

**Federal:**

*Who Must File:* All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

*When to File:* A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

*Where to File:* U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

*Copies Required:* Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

*Information Required:* A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

*Filing Fee:* There is no federal filing fee.

**State:**

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form.

Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

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### A. BASIC IDENTIFICATION DATA

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2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

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Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
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Full Name (Last name first, if individual) McMichael, Dr. John

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Business or Residence Address (Number and Street, City, State, Zip Code) RD1 Larry Hill Road, P.O. Box 127, Delanson, NY 12053

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Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
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Full Name (Last name first, if individual) MacDonald, John

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Business or Residence Address (Number and Street, City, State, Zip Code) RD1 Larry Hill Road, P.O. Box 127, Delanson, NY 12053

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Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
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Full Name (Last name first, if individual) Martin, Gerald L.

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Business or Residence Address (Number and Street, City, State, Zip Code) RD1 Larry Hill Road, P.O. Box 127, Delanson, NY 12053

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Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
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Full Name (Last name first, if individual) Sauniere, M.D.,Jean-Frederic,

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Check Box(es) that Apply:    ☐ Promoter    ☐ Beneficial Owner    ☐ Executive Officer    ☒ Director    ☐ General and/or Managing Partner

Check Box(es) that Apply:    ☐ Promoter    ☐ Beneficial Owner    ☐ Executive Officer    ☒ Director    ☐ General and/or Managing Partner

Check Box(es) that Apply:    ☐ Promoter    ☐ Beneficial Owner    ☐ Executive Officer    ☒ Director    ☐ General and/or Managing Partner

Check Box(es) that Apply:    ☐ Promoter    ☐ Beneficial Owner    ☐ Executive Officer    ☒ Director    ☐ General and/or Managing Partner

Check Box(es) that Apply:    ☐ Promoter    ☐ Beneficial Owner    ☒ Executive Officer    ☒ Director    ☐ General and/or Managing Partner

Check Box(es) that Apply:    ☐ Promoter    ☒ Beneficial Owner    ☐ Executive Officer    ☒ Director    ☐ General and/or Managing Partner

Full Name (Last name first, if individual) Youngman, Robert

Business or Residence Address (Number and Street, City, State, Zip Code) RD1 Larry Hill Road,  
P.O. Box 127, Delanson, NY 12053

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual) Cohn, Edith

Business or Residence Address (Number and Street, City, State, Zip Code) 15 Dunhill Lane,  
Monsey, NY 10952

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual) Aurum Venture I Fund L.P.

Business or Residence Address (Number and Street, City, State, Zip Code) One Atlantic Street,  
Stamford, CT 06901

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual) The Burns Family Trust

Business or Residence Address (Number and Street, City, State, Zip Code) 492 West  
Champagne Drive, Chandler, AR 85248

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual) Elan International Services, Ltd.

Business or Residence Address (Number and Street, City, State, Zip Code) 102 St. James  
Court, Flatts Smith, FL 04, Bermuda

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual) The Jackson-Grube Limited Partnership

Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 430,  
Middlebury, VT 15753

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

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Full Name (Last name first, if individual) Friede, John

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Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 430,  
Middlebury, VT 15753

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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**B. INFORMATION ABOUT OFFERING**

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1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes No  
[ ] [X]  
Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual?..... \$100,000\*
3. Does the offering permit joint ownership of a single unit?..... Yes No  
[X] [ ]

\* Less than the minimum will be accepted with the mutual consent of the Company and the Placement Agent.

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

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Full Name (Last name first, if individual) Gemini Financial Corporation\*

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Business or Residence Address (Number and Street, City, State, Zip Code) 118A E. 65<sup>th</sup> Street,  
New York, NY 10021

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Name of Associated Broker or Dealer

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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... [ X ] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

\* The Company reserves the right to hire additional Placement Agents.

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Full Name (Last name first, if individual)

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Business or Residence Address (Number and Street, City, State, Zip Code)

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Name of Associated Broker or Dealer

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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....

[ ] All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

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Full Name (Last name first, if individual)

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Business or Residence Address (Number and Street, City, State, Zip Code)

---

Name of Associated Broker or Dealer

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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....

[ ] All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

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1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$ .....	\$ .....
Equity .....	\$ .....	\$ .....
[ ] Common [ X ] Preferred		
Convertible Securities (including warrants) .....	\$ 10,000,000	\$ 3,923,160
Partnership Interests .....	\$ .....	\$ .....
Other (Specify .....	\$ .....	\$ .....
Total .....	\$ 10,000,000	\$ 3,923,160

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	<u>12</u>	\$ <u>3,923,160</u>
Non-accredited Investors .....	<u>0</u>	\$ <u>0</u>
Total (for filings under Rule 504 only) .....	<u>          </u>	\$ <u>          </u>

Answer also in Appendix, Column 4, if filing under ULOE.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505 .....	_____	\$ _____
<u>Regulation A</u> .....	_____	\$ _____
Rule 504 .....	_____	\$ _____
Total .....		\$ _____

Transfer Agent's Fees .....	[X] \$ <u>0</u>
Printing and Engraving Costs .....	[X] \$ <u>2,000</u>
Legal Fees .....	[X] \$ <u>40,000</u>
Accounting Fees .....	[X] \$ <u>0</u>
Engineering Fees .....	[X] \$ <u>0</u>
Sales Commissions (specify finders' fees separately) .....	[X] \$ <u>375,500*</u>
Other Expenses (identify) .....	[X] \$ <u>0</u>
<b>Total .....</b>	<b>[X] \$ <u>417,000</u></b>

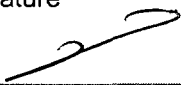
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ..... \$9,583,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Purchase of real estate .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Repayment of indebtedness .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Working capital (Clinical trials).....	<input type="checkbox"/> \$	<input checked="" type="checkbox"/> \$4,041,500
Other (specify): <u>Research &amp; development</u> .....	<input type="checkbox"/> \$	<input checked="" type="checkbox"/> \$ 5,541,500
_____	<input type="checkbox"/> \$	<input type="checkbox"/> \$
_____	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Column Totals .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Total Payments Listed (column totals added) .....		<input checked="" type="checkbox"/> \$9,583,000

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Milkhaus Laboratory, Inc.		4/12/02
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Dr. John McMichael	Chief Executive Officer	

**ATTENTION**

**Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)**

**APPENDIX**

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT		X	\$10,000,000	3	\$ 77,960	0	0		X
DE									
DC		X	\$10,000,000	1	\$28,000	0	0		X
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO									
MT									

NE									
NV		X	\$10,000,000	1	\$44,980	0	0		X
NH									
NJ									
NM									
NY		X	\$10,000,000	2	\$3,722,300	0	0		X
NC		X	\$10,000,000	1	\$24,990	0	0		X
ND									
OH									
OK									
OR									
PA									
RI									
SC		X	\$10,000,000	1	\$24,990	0	0		X
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

*<http://www.sec.gov/divisions/corpfin/forms/d.htm>  
Last update: 08/27/1999*